

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584207

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		2		1		
4		2		1		
5	1			1		
6		1		1		
7		1		1		
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34		2		1		
35		2		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41	1			1		
42		1		1		
43	1			1		
44	1			1		
45		4		1		
46	1			1		
47		1		1		
48	1			1		
49	1			1		
50						
TOTAL IND.	22	↓	6	↓		↓
TOTAL DEP.	33	←	40	←		←
TOTAL CLAIMS	55		46			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						